



Associates in Pediatric Therapy™

Advancing Patients to Their Next Therapeutic Level

KY Medicaid Presentation February 8, 2023

Presented by
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CEO & Speech Language
Pathologist, MS. CCC-SLP

RENEA'S STORY

REPORT OF SPEECH & LANGUAGE
EVALUATION

RE: Angela "Renea" Renfroe
BD: 5/22/80
DOE: 12/12/84

Angela "Renea" Renfroe, age 4 years 7 months, was seen at this Center for the purpose of a speech and language evaluation on December 12, 1984. Mrs. Renfroe noted that she was self referred. Mrs. Renfroe served as the informant for the case history information.

HISTORY:

Renea was reportedly the product of a full term pregnancy with a normal birth and delivery. Mrs. Renfroe reported that Renea's motor milestones were developing within normal limits. Mrs. Renfroe further noted that Renea's speech milestones developed within normal limits in terms of babbling, saying first words, putting words together and making adult like sentences. However, Mrs. Renfroe stated that "Renea has trouble with several consonant sounds, especially /r, l and s/." She further stated that "other children and family members have difficulty understanding some of her words." Mrs. Renfroe noted that when they ask her to repeat herself she becomes very frustrated.

All other medical and social histories were uneventful.

EVALUATION:

Renea entered the testing situation willingly and remained cooperative throughout the evaluation.

Renea was administered the Goldman-Fristoe Test of Articulation. Renea exhibited 45 sounds-in-errors out of a possible 73 items. The majority of Renea's errors consisted of deletion of final consonants. Renea deleted 14 out of 20 final consonants probed. Included the following phonemes: /p, b, g, k, f, / in the final position.

RENEA'S STORY





Associates in Pediatric Therapy™
Advancing Patients to Their Next Therapeutic Level

**CORE
Focus!**

**Advancing Patients
to Their Next
Therapeutic Level**

**OUR NICHE: FAMILY CENTERED,
PEDIATRIC THERAPY**

**10 Year
Target!**

**To help every child
who needs us,
wherever they may be.
Helping families unite.**

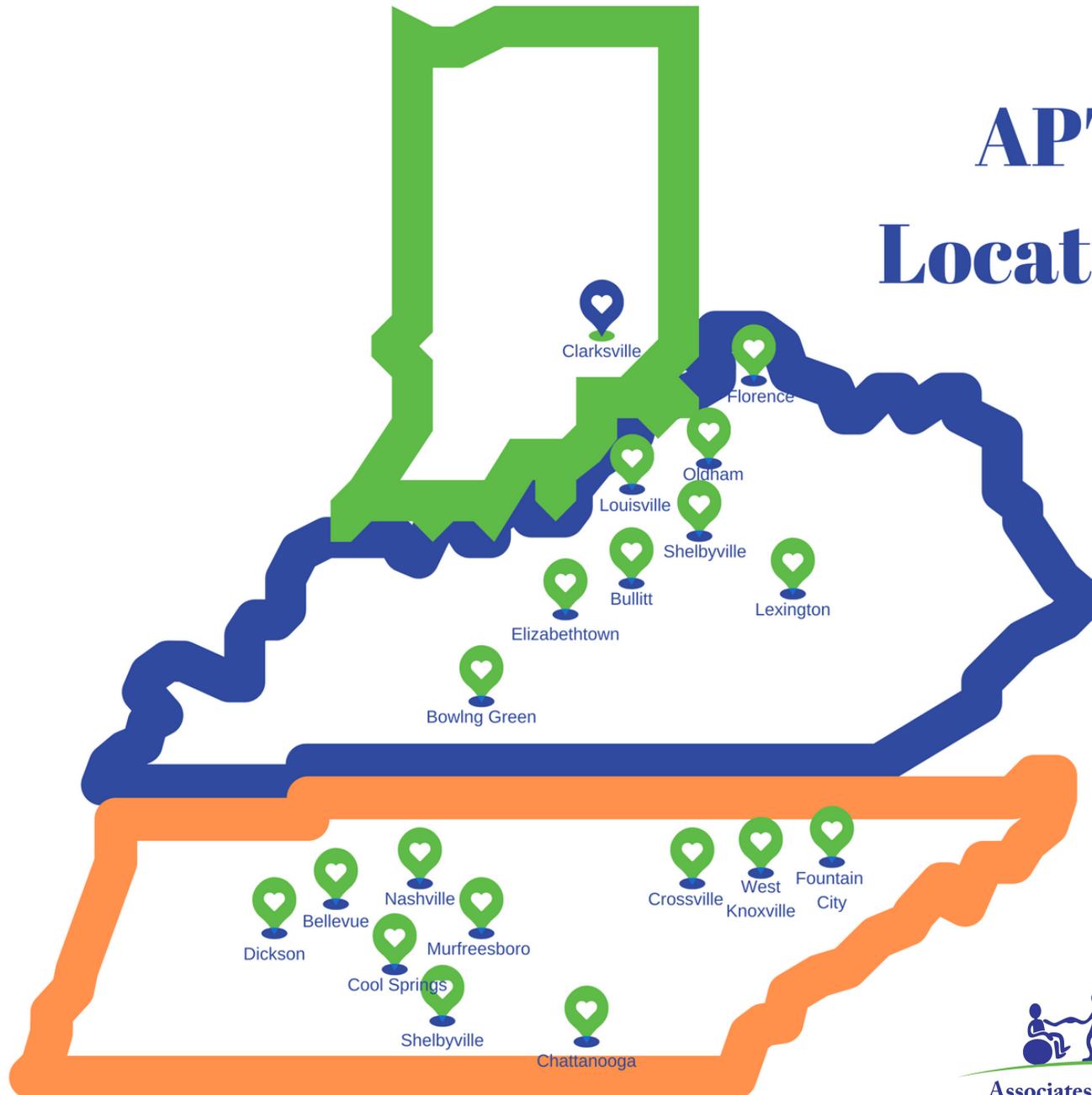
**625,000 SCHEDULED VISITS
PER YEAR**

CURRENTLY ON YEAR 5!

EST. DEC 2022

306,000 VISITS

APT Locations



Services we provide

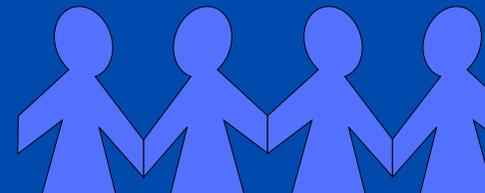
- **Speech Therapy**
 - **Occupational Therapy**
 - **Physical Therapy**
 - **Behavioral Therapy**
 - **Audiology**
- 

Past 5 YEARS!!!



APT's Current Snap Shot

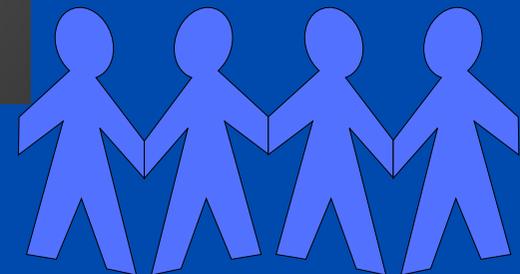
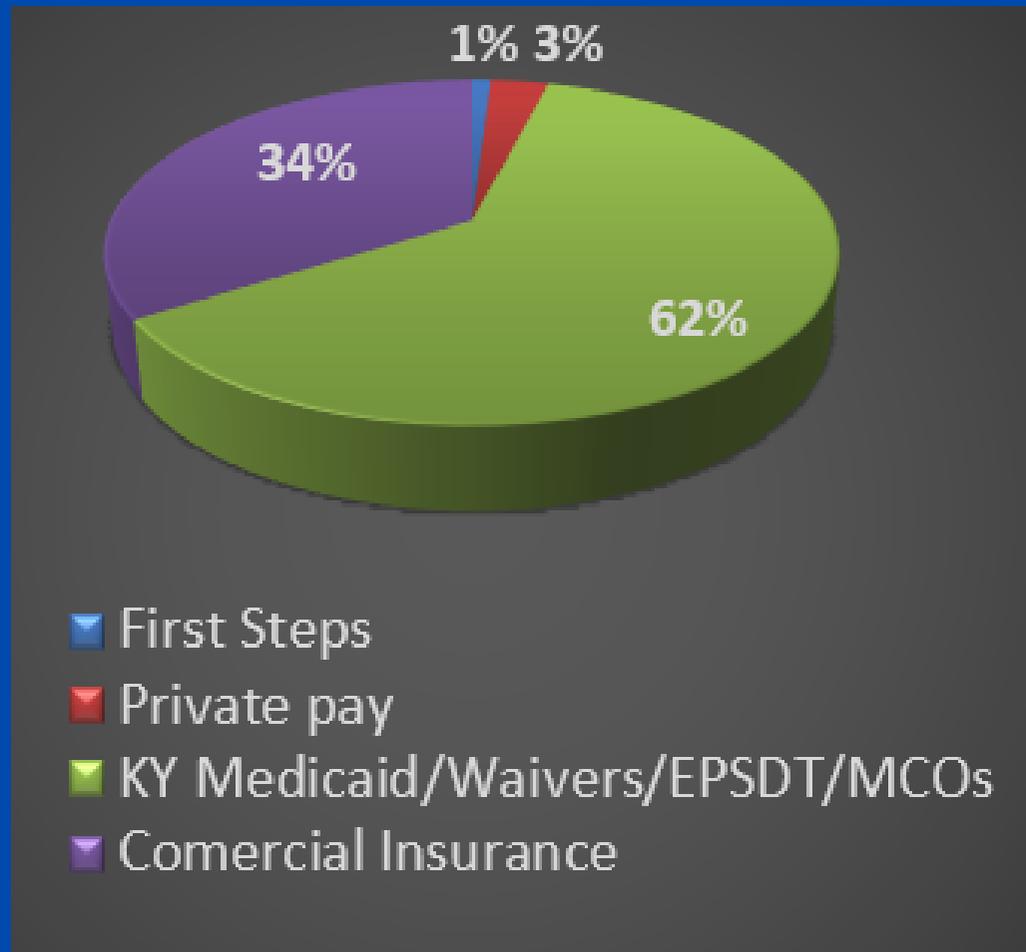
- **Currently see over 5,000 patients a week**
- **We see patients in a variety of settings.**
 - **APT Clinics**
 - **Community Partners (TKC, DSL, Preschools and Daycares)**
 - **Private and Public School Contracts**
- **60% of our population has some form of Medicaid.**
- **We have over 2,500 children in the state of KY waiting for services**



Since 2007
we have had little to no
increases.

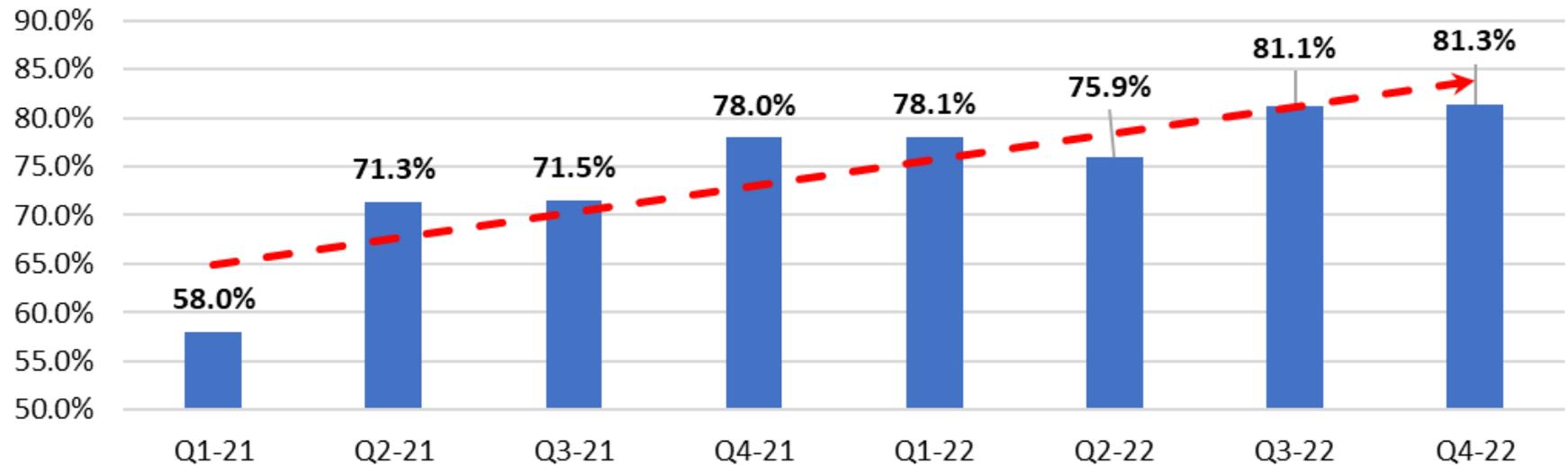
What has happened with
expanded Medicaid?

APT's Revenue Sources

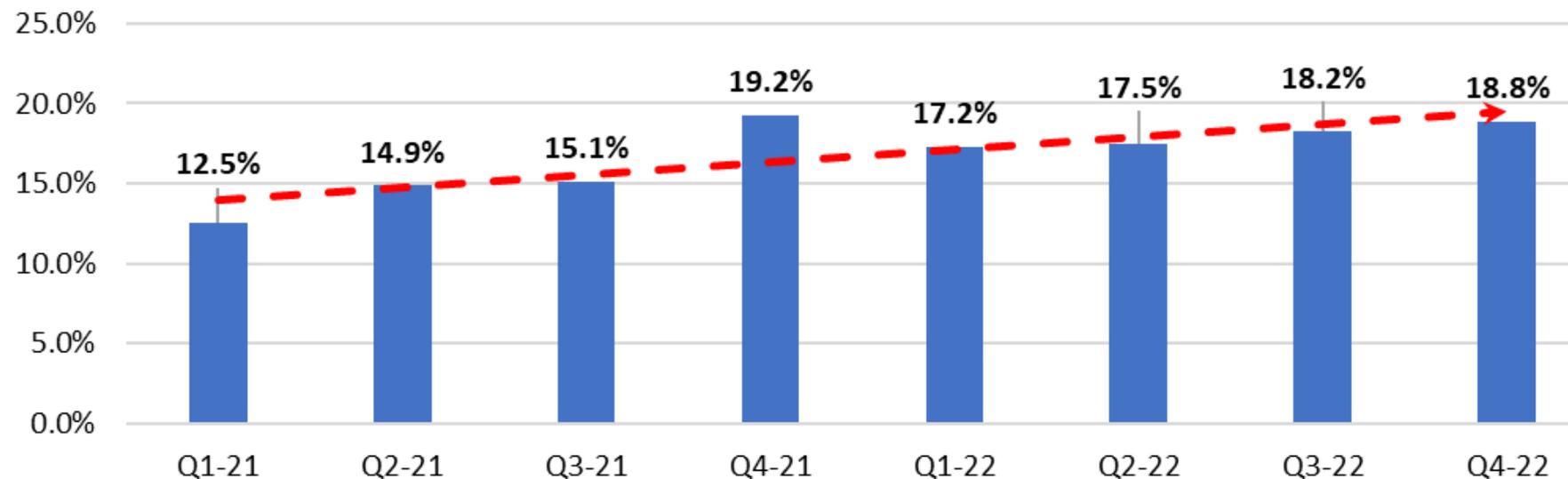


The numbers tell the story...

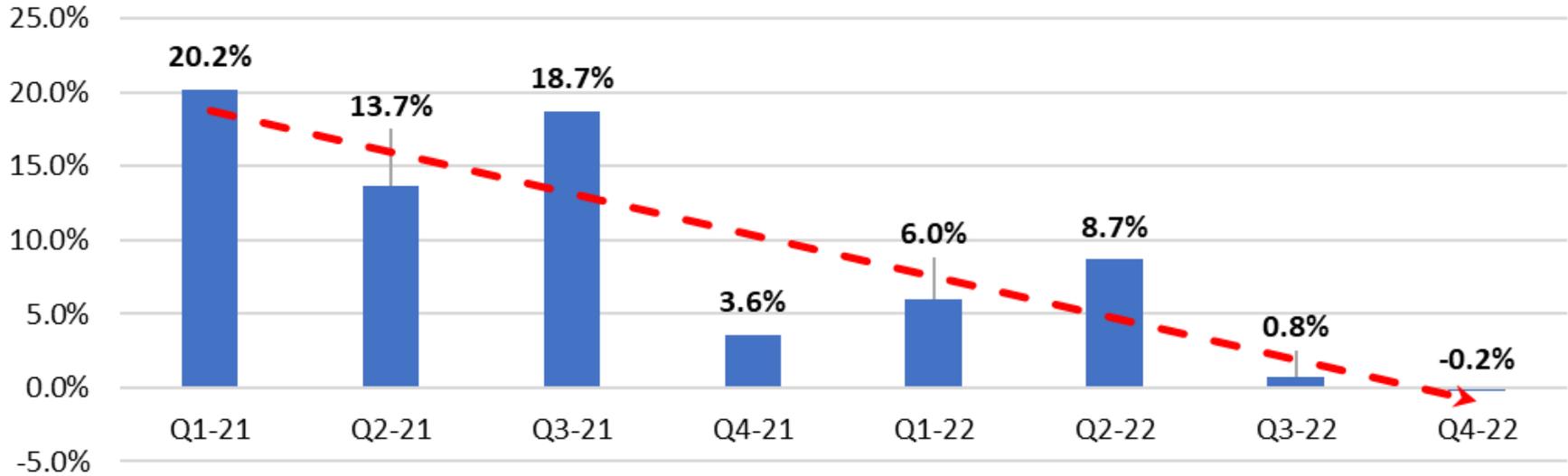
People Costs as a % of Revenue



Operating Expenses as a % of Revenue

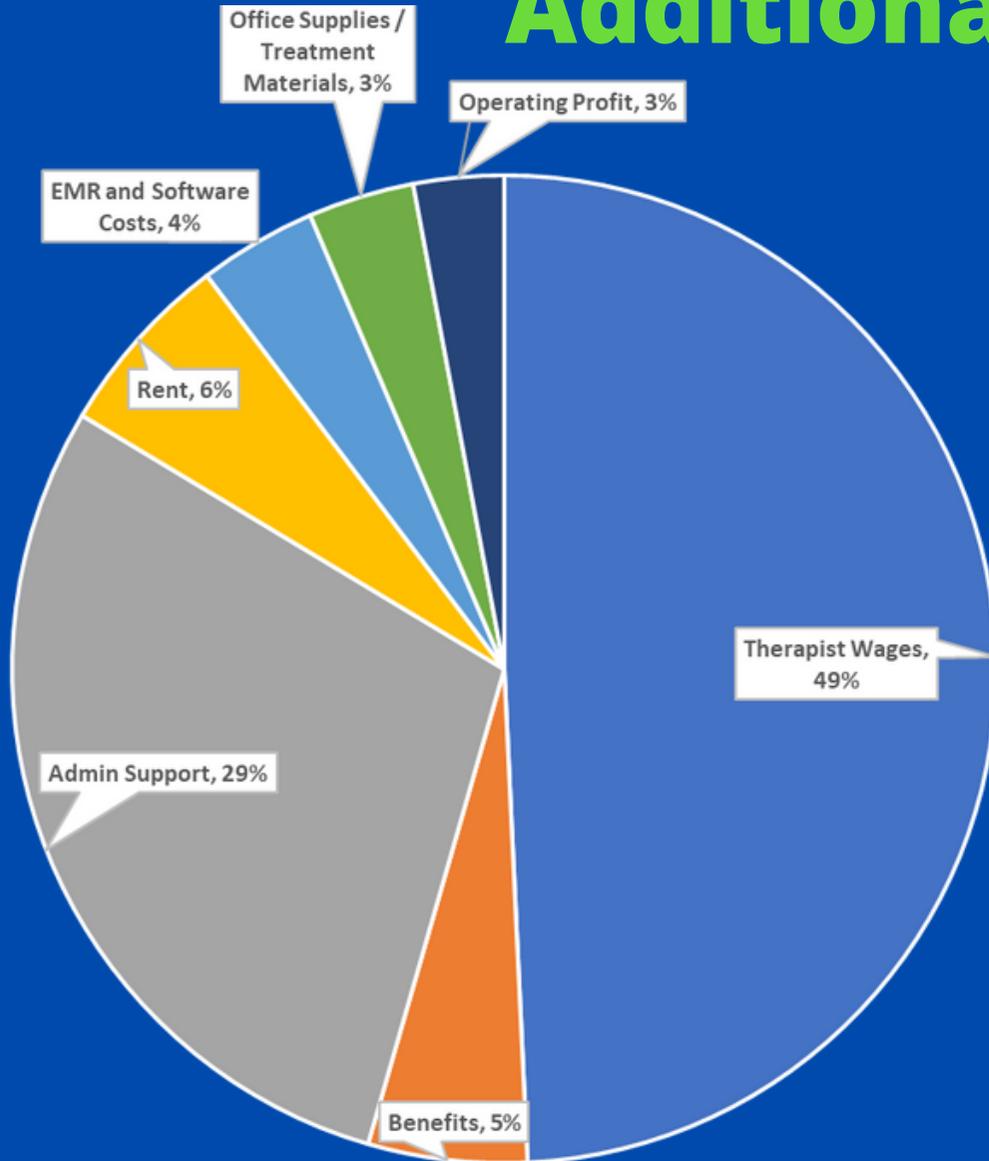


Operating Profit as a % of Revenue



Kentucky Families have already and will continue to lose services....

Additional Costs



How \$1 of Revenue was spent in 2022:

\$0.49 therapist salaries & wages

\$0.05 therapist and admin benefits

\$0.29 administrative support

\$0.06 rent

\$0.04 EMR

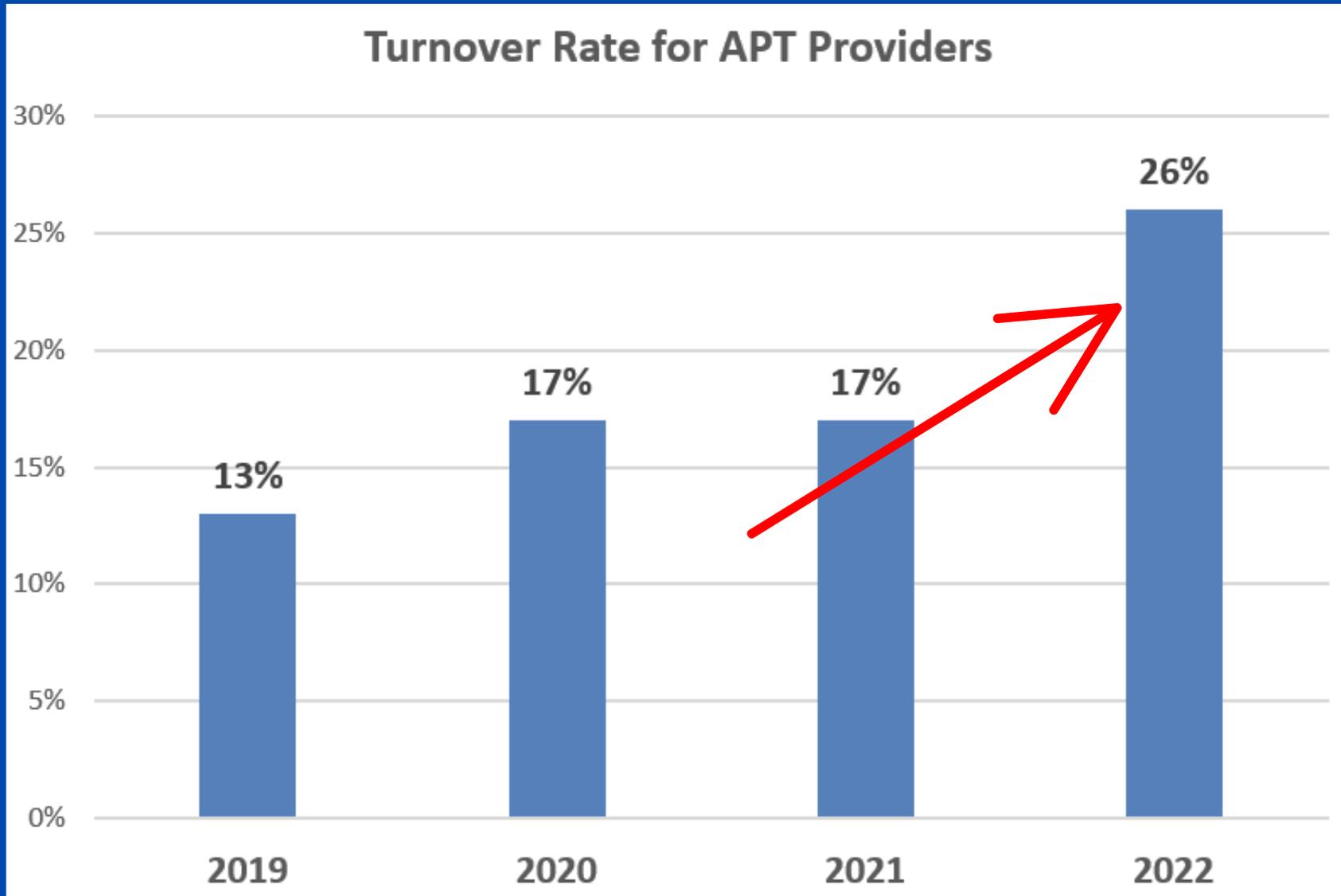
\$0.03 treatment materials and other supplies

\$0.03 operating profit to support future growth initiatives

From 2021 therapist wages, benefits and admin support costs increased from \$0.78 to \$0.84 per \$1 of revenue. If this inflationary trend continues in 2023 our revenues may not cover our costs.

Not to mention when additional barriers...authorization process, MCOs not paying.....more and more...obstacles in place making it harder to provide quality of care

Retention Concerns



What are our concerns?

Employee Retention:

- We have lost 26% of our therapy providers in 2022

Recruiting:

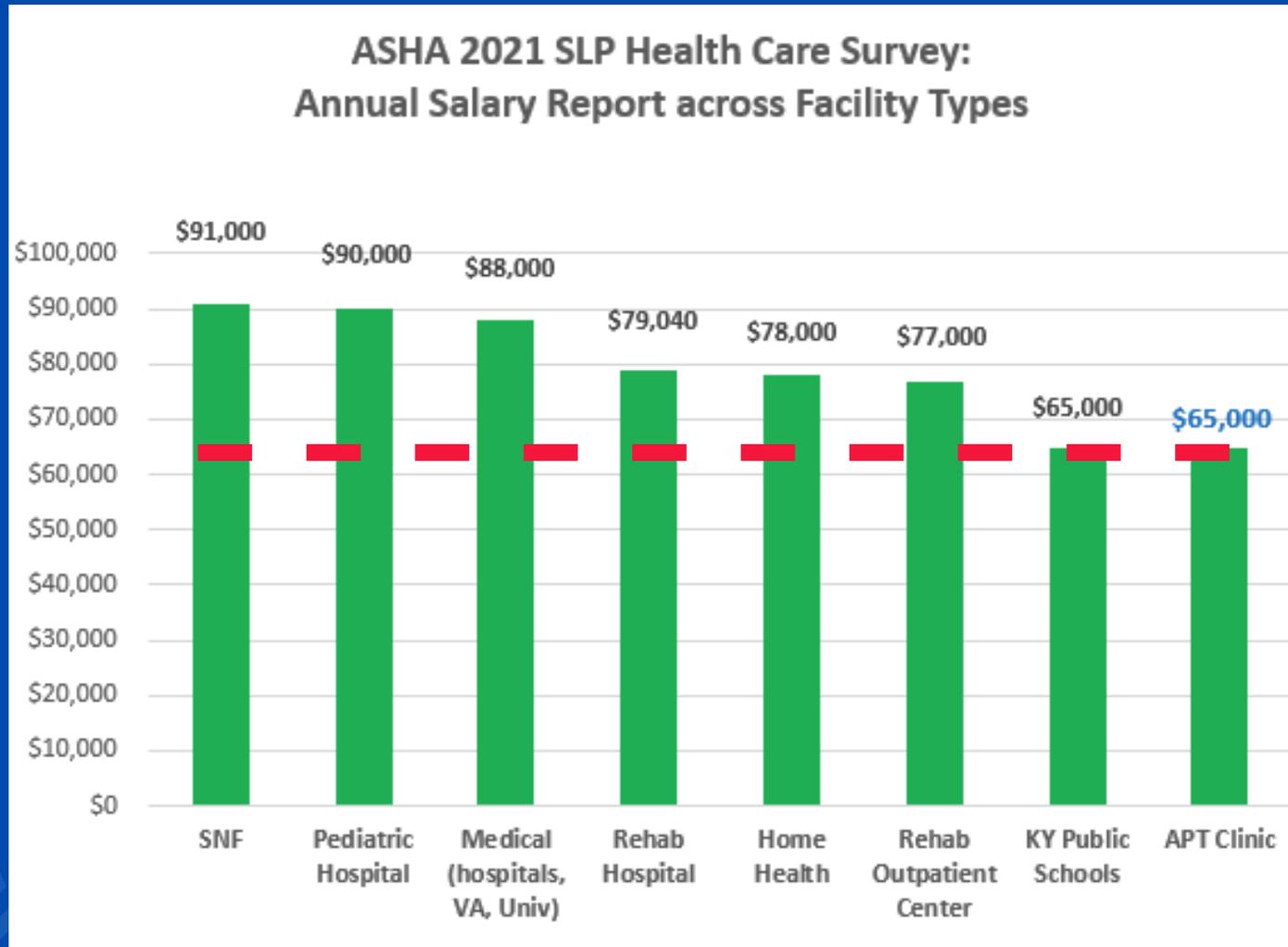
- The largest challenge due to competitive wages

Exit Reasons:

- PAY is not comparable to other settings for therapy
- Leaving the field all together with burn out
- Changing to another population like adults for more pay
- APT is not able to keep up with inflation rates
- Other (Leaving to be at home with children)

ASHA Report 2021

National Annual Salary for SLPs Across Facilities



What are our concerns?

2007 First Steps = \$89.00 per hour

2023 First Steps = \$89.00 per hour

2010 EPSDT = \$85.05 per visit

2023 EPSDT = \$85.05 per visit

Medicaid Rates vary per code but there has not been a significant increase +/- since 2007 and in 2015 saw a decrease.



EI/ First Steps Concerns?

Why did our referrals and eligibility go up but services went down and not as many children were served?

**Eligible for
new Services**

2020=2368

2021= 2664

Referrals

2020=4924

2021= 6063

Actual Served

2020= 5631

2021= 4975



Why is the First Steps Program losing providers?

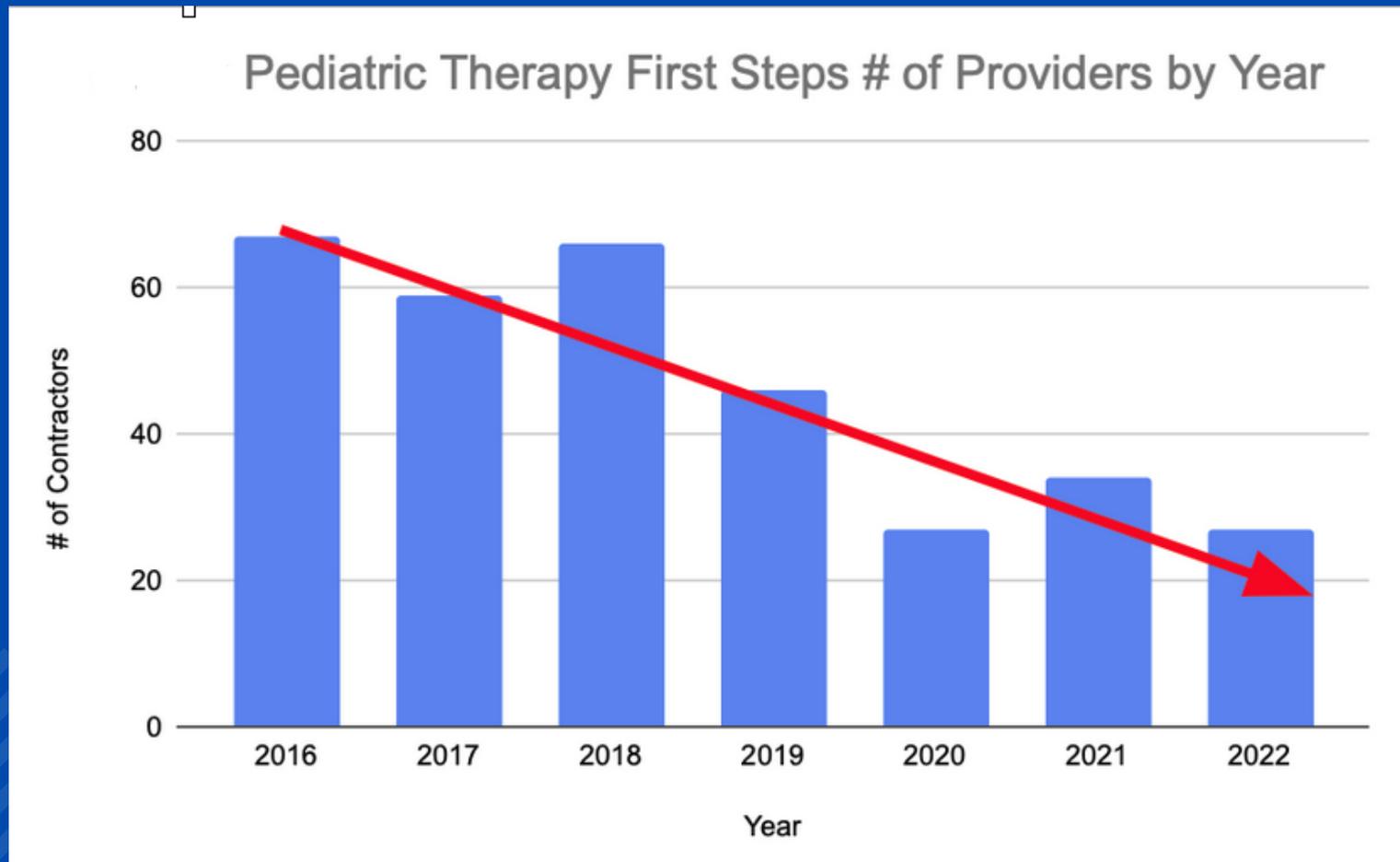
- Validity of the Coaching Model
- No pay increase in almost 20 years.



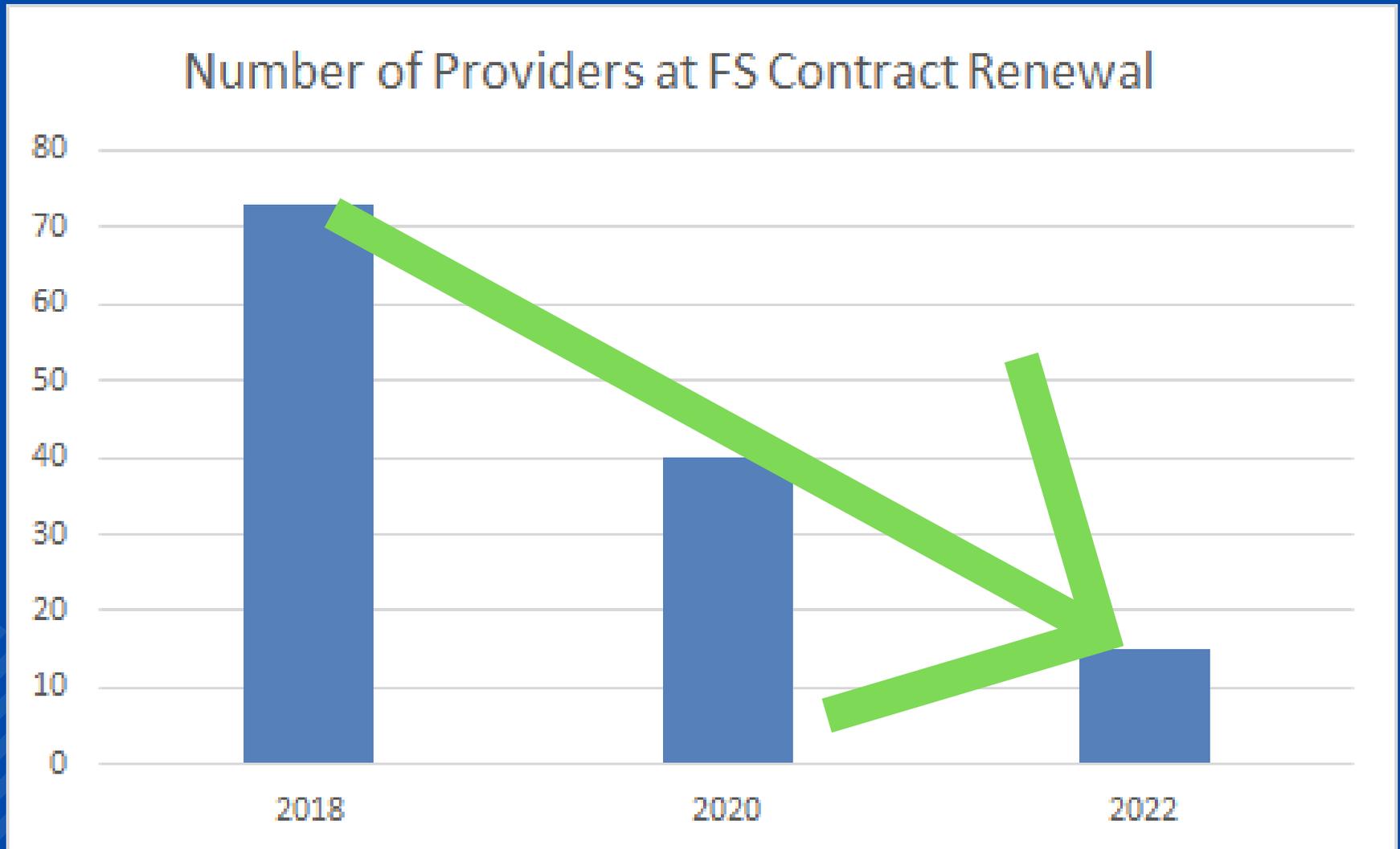
What are our concerns?

Retention of First Steps Providers

Another Large FS Agency Example:



APT's Retention of First Steps Providers.



Data of Current First Steps Providers based on Matrix.

OTs/OTAs 53/145 – 37% are not accepting referrals or have no availability for therapy; only 101 OTs available to serve 120 counties

PTs/PTAs 37/79 – 46% are not accepting referrals or have no availability for therapy; only 42 PTs available to serve 120 counties

STs 144/278 – 51% are not accepting referrals or have no availability for therapy; only 144 STs available to serve 120 counties

DIs 44/164 – 26% are not accepting referrals or have no availability for therapy; only 120 DIs available to serve 120 counties

VI^s 7/14 – 50% are not accepting referrals or have no availability for therapy; only 7 VIs available to serve 120 counties; 10 are VIPS

D/HOH – 2/4 – 50% are not accepting referrals or have no availability for therapy; 2 D/HOH available to 120 counties

Dieticians – 1/4 - 25% are not accepting referrals or have no availability-for therapy; 3 dieticians available to 120 counties

Audiologists – 10/12 are employed by Kentucky Office for Children with Special Health Care Needs; availability is not provided in TOTS; AT/AUD – 3 in the state

748 active providers in the state; 298/700 – 42% of providers are not ACTIVELY accepting referrals or have availability for therapy; the SLA is functioning at 58% of providers

LOSING PROVIDERS

**Indiana First Steps Program increased rates
1 hour of Physical Therapy is now \$135.00**

KY First Steps Program is \$89.00

**Louisville Area Therapist are
getting IN license for THIS reason
to drive a little further.**

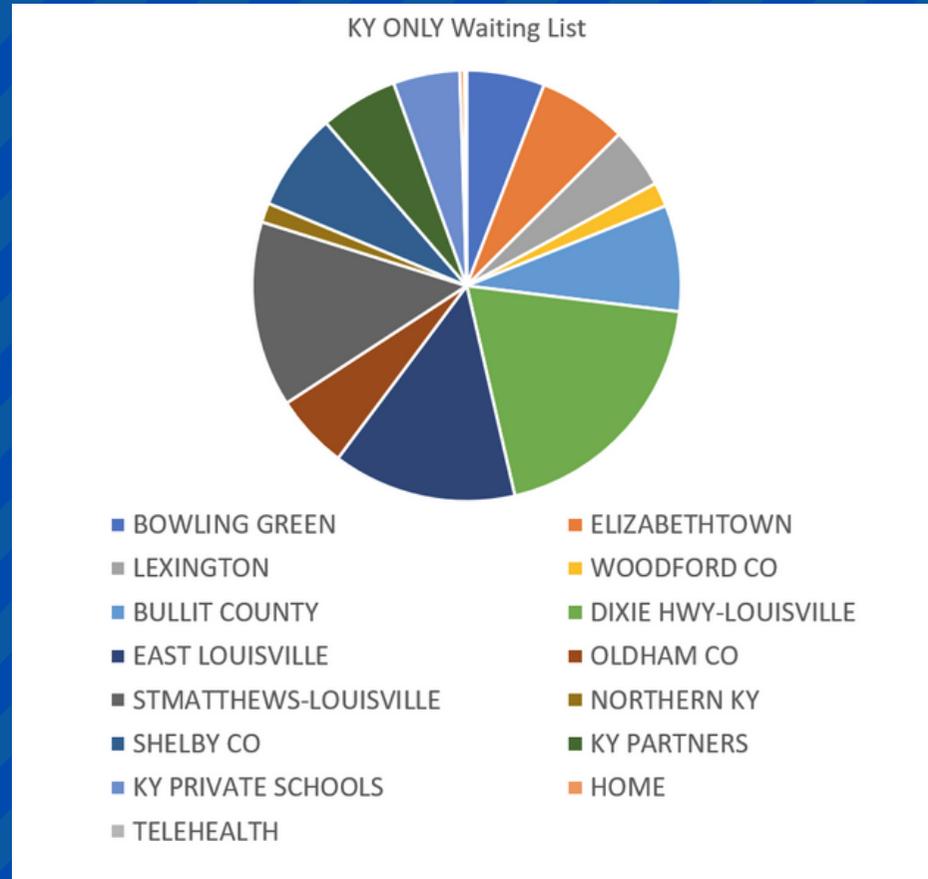


**KY Families are losing good
providers for our children.**

What I am doing as a provider to advocate?

- ASHA Board Member- KY STAR
(State advocate for Reimbursement)
 - KY Speech and Hearing Board member
 - TAC (Therapy Advisory Committee)
 - Member of DDID Rate Study Groups
 - Providing Input to every professional organization
(KOTA, KPTA)
 - Meeting with Legislation and the DMS and First Steps
 - This is not just an APT problem.
 - Providers across the commonwealth feel the exact same way.
-

Why this is important....



**Over 2,500 KY children waiting
for APT Services**

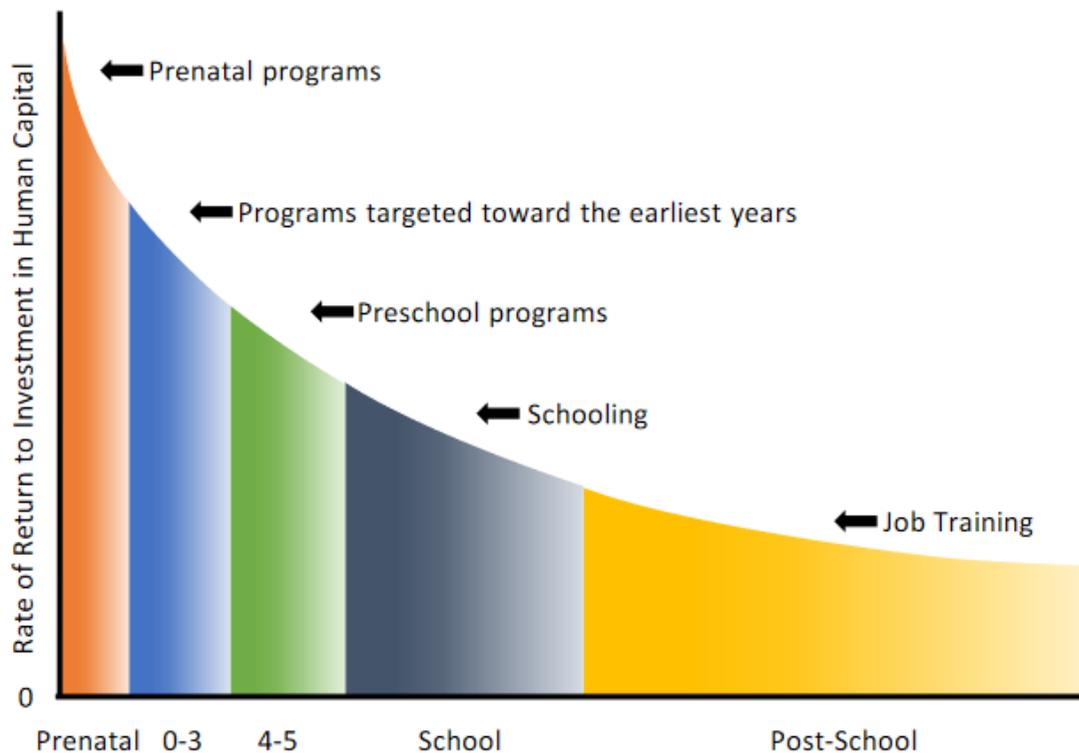
Other states are realizing the importance of Medicaid rate change and proactively supporting their children.



SOLUTION: ROI

Increases Rate of Return on Investment

The earlier the investment, the greater the return.



"The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness."

James J. Heckman, Ph.D., Henry Schultz Distinguished Service Professor of Economics at the University of Chicago and Nobel Laureate in Economics

Part C of IDEA—the Program for Infants and Toddlers with Disabilities—is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers ages birth–2 with disabilities, and their families

SOLUTION: SERVE KY CHILDREN



IDEA Part C

Percentage of all children under the age of one receiving services by Eligibility
(Single day count 10/1/-12/1/2020)

= 1.14 national average

= Birth Mandate

= At risk

47% of Category A states meet/exceed the national average

44% of Category B states meet/exceed the national average

37% of Category C states meet/exceed the national average

Category A Eligibility (17)

New Mexico	3.35
Pennsylvania	2.03
Washington	2.00
Vermont	1.67
Kansas	1.66
District of Columbia	1.41
Virginia	1.35
Texas	1.22
Maryland	1.14
Colorado	1.13
Michigan	1.04
Alabama	0.83
Wisconsin	0.82
Iowa	0.73
Arkansas	0.54
Delaware	0.50
Hawaii	0.03

Category B Eligibility (18)

Massachusetts	4.66
West Virginia	3.16
Wyoming	2.31
North Dakota	2.24
Rhode Island	2.22
New Hampshire	1.84
Indiana	1.56
Tennessee	1.51
Utah	1.09
California	0.98
South Dakota	0.97
Nebraska	0.95
North Carolina	0.94
Illinois	0.92
Ohio	0.82
Minnesota	0.71
New York	0.68
Mississippi	0.67

Category C Eligibility (16)

Alaska	1.61
Idaho	1.43
Connecticut	1.39
Missouri	1.26
Louisiana	1.22
South Carolina	1.21
Nevada	1.07
Arizona	0.88
Montana	0.80
Georgia	0.78
Oregon	0.78
Florida	0.67
New Jersey	0.67
Oklahoma	0.63
Maine	0.54
Kentucky	0.30

Category A: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains.

Category B: 25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain.

Category C: 33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, 2 standard deviations in two or more domains.

Notes:

- The percentages reflect the total count including at-risk
- States self declare the category that most closely aligns with their eligibility criteria
- Eligibility categories were established by the ITCA Data Committee as of 2010.

Sources: U.S. Department of Education, ED Facts Metadata and Process System (EMAPS): "IDEA Part C Child Count and Settings Survey," 2020. Data extracted as of July 7, 2021. U.S. Bureau of the Census. "2020 State Population Estimates by Age, Sex, Race, and Hispanic Origin". Data accessed July 2021 from <http://www.census.gov/popest>

TAKE ACTION NOW



- **Medicaid Fee Schedule:**
 - 20% minimum increase for at least the TOP 5 CPT Codes & Evaluation Codes
- **EPSDT**
 - 20% minimum increase for providers
Current Rate= \$85.05 per visit
- **First Steps:** 20 % minimum increase for providers for the \$89 Rate. We must also decrease burden for providers and look into the coaching program overall before we lose more providers.

TAKE ACTION NOW



MCOs

- **MUST increase Accountability**
- Standard language about a minimum rate with annual increase % per year tied to a CPT. Several states do this and this is a way for providers to be able to continue to grow.
- Current Statutory provisions are not protecting us.
 - There are a number of other issues we can discuss later date such as claw backs, recoupment, etc.

SOLUTION

We are asking that you look at a minimum 20% rate increase for Medicaid therapy services in the area of OT, PT, SLP (Medicaid Fee Schedule, EPSDT, First Steps) for children.

Overtime these services will be a cost savings in the long run to help support our children to become successful adults.

Prior to expanding services for the current Medicaid population, we request that current providers be paid adequately.

Since 2007 APT has helped over 30,000 patients in the Commonwealth of KY.

Early intervention and pediatric therapy can help children succeed and be successful in their daily lives.





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Thank you for your time.
Please contact me for any additional questions.
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